2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2025
Secretary of State
4563808343CC

DOCUMENT# L07000060773

Entity Name: REQUEST INSURANCE, LLC

Current Principal Place of Business:

475 STORYBROOK POINT
PONTE VEDRA BEACH, FL 32081

Current Mailing Address:

475 STORYBROOK POINT
PONTE VEDRA BEACH, FL 32081 US

FEI Number: 20-5726673

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PATTERSON, ANDREW J
475 STORYBROOK POINT
PONTE VEDRA BEACH, FL 32081 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR
Name	PATTERSON, ANDREW J
Address	475 STORYBROOK POINT
City-State-Zip:	PONTE VEDRA BEACH FL 32081

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANDREW J PATTERSON MGR 01/15/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date